

Lease Authorization



American Paint Horse Association

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Leasing Your Horse

◆ Alterations or added conditions may make this form unacceptable, and verification may be required.

- ◆ If the Lessee is a ranch, partnership or corporation, a signature authorization must be placed on file with APHA before this lease can be recorded. Forms are available from the APHA office or online at apha.com/forms.
- ◆ If this lease is to be terminated prior to the ending date listed, written notification must be received by APHA giving new termination date and signed by both lessor and lessee.
- ◆ No transfer may be completed until this lease is expired or terminated.
- ◆ Lessee will receive a certificate from APHA as validation upon completion of lease authorization.
- ◆ Leases are not recognized for showing purposes in either Amateur or Youth classes. Please contact the Performance Department at 817-222-8455 for more information.

Membership

- ◆ To take advantage of member rates, the lessee must have a current membership in the same name listed on the form. Memberships will be issued in the ownership listed on this form. Memberships begin the same month transfer is postmarked.
- ◆ If a membership is not purchased, nonmember fees will apply. Please see fee schedule in Rule Book.
- ◆ For more information, call Customer Service at 817-222-6423 or email askapha@apha.com.
- ◆ Average lease completion times range from two to four weeks, depending on the time of year submitted. The following is required on rush work:
 1. Outside of envelope marked "RUSH"
 2. Daytime phone number
 3. Certified funds or a credit card payment
- ◆ The rush fee will not be refunded.
- ◆ An office processing fee of \$10 will be charged on all registration work that is not processed to completion.
- ◆ Fees subject to change without notice.

Online Access

- ◆ My APHA (free to APHA members). Includes online stallion breeding reports and foal registrations.
- ◆ APHA Basic—\$25 per year. Includes pedigrees, performance records, progeny records and show results.
- ◆ APHA Plus—\$14.95 per month; \$99 per year. Includes "My Barns", Color Calculator, show records and extras.

Registered Name of Horse: _____

Registration Number: _____

The Lessee is authorized to sign all documents pertaining to this horse under the rules of the American Paint Horse Association during this period. At the expiration of this lease, the lessee's authority will be terminated.

Beginning Date: _____ / _____ / _____ Ending Date: _____ / _____ / _____
month day year month day year

Leased From (Owner of Record)

Name: _____

APHA ID Number: _____

Address: _____

Daytime Phone Number: _____

Email: _____

Signature: **X** _____

Leased To (Lessee)

Name: _____

APHA ID Number: _____

Address: _____

Daytime Phone Number: _____

Email: _____

Signature: **X** _____

Fees	U.S. Funds Only	Member Rate
<input type="checkbox"/> Lease Filing Fee		\$15
<input type="checkbox"/> Rush Lease (requires an additional)		\$25

Membership Levels

Adult	Junior (18 or younger)
<input type="checkbox"/> One-year—\$40	<input type="checkbox"/> One-year—\$20
<input type="checkbox"/> Three-year—\$90	<input type="checkbox"/> Three-year—\$40
<input type="checkbox"/> Five-year—\$150	<input type="checkbox"/> J-Term—\$100
<input type="checkbox"/> Lifetime—\$500	Birthdate: ____/____/____

Additional Product Packages:

- Premium**—\$45 (save \$20), **US ONLY**. One year subscription to the *Paint Horse Journal* (\$30 value), four generation, frameable, pedigree certificate (\$20 value), \$15 gift certificate to the APHA General Store
- Deluxe**—\$15 (save \$5) Four generation frameable, pedigree certificate (\$20 value)

Total Amount Due

Lease Fee: \$ _____

Rush Fee: \$ _____

Online Access Service: \$ _____

Membership Dues: \$ _____

Product Package: \$ _____

TOTAL \$ _____

Check or money order enclosed. **Do not send cash.**

Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

MasterCard Visa American Express

If paying by credit card, please complete the following.

Card No.: _____

Exp. date: _____ CV#: _____

Name of Cardholder: _____

APHA ID No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Signature: **X** _____